New Hampshire Department of Health and Human Services
Targeted Prevention Programming for DCYF-Involved Families
with Substance Use Disorder

OFFICIAL RESPONSES TO VENDOR QUESTIONS
RFP-2018-BDAS-04-TARGE

	Question	Answer
1.	**Section 1.1 –** Do services need to be provided statewide?	No – see published Addendum #2.
2.	**Section 3.2.2 –** a) What is the anticipated volume of clients? b) Must a Parent Partner have direct experience with Substance Use Disorder (SUD)? c) Are we required to place a Parent Partner in each of the eleven offices full time? d) Can home visit services be subcontracted?	a) The volume of clients depends on client consent to participate in the Strength to Succeed program. However, in calendar year 2016, there were 22,008 total reports to DCYF, and 1,823 or 8.3% of those reports had heroin as a risk factor. b) SUD direct experience is not required in a Parent Partner but is highly preferred. c) Parent Partner(s) are expected to be present in all offices. One Parent Partner can cover multiple sites so long as adequate coverage is provided. The selected vendor and DCYF will determine required hours based upon the need/volume per office. d) Yes, home visiting services can be subcontracted
3.	**Section 3.2.3 –** Are Parent Partners expected to provide home visit services?	No
4.	**Section 4 –** a) What is your target budget? b) Do you have an expected cost per client?	a) Vendors should propose what they consider a realistic, but cost effective budget so we will not be providing a target amount. b) No, expected cost per client is individualized and dependent upon needed level of care for substance use services and client's additional needs.
5.	**Section 4.1.2 –** Is there an expected budget amount for flexible funds?	No
6.	Is it appropriate for a Family Resource Center to apply to this RFP?	Yes
7.	Can you provide a list of billable services?	Medicaid billable services can be found in He-W 513, specifically sections for evaluation, individual outpatient counseling, peer and non-peer recovery supports, crisis management, and continuous recovery monitoring.